SHREWSBURY POLICE DEPARTMENT -- SECURITY CHECK REPORT --

ADDRE	ss								NAME	
REQUE	ST MADI	EBY_							_PHONE _	
REASO	N FOR E	XTRA	PATRO	DL	Premis	se will be	vacant	Other _		
TYPE P	REMISE	S	Busine	ess	Reside	ence	Other _			
PROTE	CTED BY	/ ALAF	RM SYS	STEM	Yes	No	If yes,	type of alarm		
DOES A	ANYONE	HAVE	KEY T	O SHUT	ALARM	1 OFF?	Yes	No		
IF YES,	NAME A	ND TE	ELEPHO	ONE NUI	MBER _					
LIGHTS	ON:	⁄es	No	CONS	TANT:	Yes	No	AUTOMATIC:	Yes	No
KEYS L	EFT WIT	H ANY	ONE:	Yes	No					
IF YES,	NAME _				AD	DRESS _				_ PHONE
OTHER	PERSO	NS TH	AT WIL	L HAVE	ACCES	S TO PR	REMISE	S (Relatives, Wo	rkers, Neigh	nbors, Employees)
IN CASE C/O NAI I REQUI AND WI	ME EST THA	ERGE	ECURIT	TY CHEC	WISH TO AD CK BE N	O BE NC DRESS ₋ IADE OF	OTIFIED	BY COLLECT C		es No _ PHONE TO EST
					OFFICE	R'S SEC	CURITY	CHECK REPOR	T	
DATE:	DATE:		PRE	MISES SE	CURE ✓	(if not, state	e type of r	eport filed or action to	aken):	OFFICER'S SIGNATURE:

OFFICER'S SECURITY CHECK REPORT									
DATE:	DATE:	PREMISES SECURE ✓ (if not, state type of report filed or action taken).	OFFICER'S SIGNATURE:						